

FEB 01 2008

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/795,848
		Filing Date	03/08/2004
		First Named Inventor	Charles R. Szmanda
		Examiner Name	Robert D. Harlan
		Art Unit	1713
TOTAL AMOUNT OF PAYMENT (\$ 1,770.00)		Attorney Docket No.	52022

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 18-1850 Deposit Account Name: Rohm and Haas Company				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
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<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Fee Description	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 =	x	=				
- 3 =	x	=				

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	1,440.00
Other: 1501 Utility Issue Fee	300.00
1504 Publication Fee	30.00
8001 Printed Copy of Patent w/o color # 10 copies	

SUBMITTED BY

Signature	<i>S. Matthew Caims</i>	Registration No. (Attorney/Agent)	42,378	Telephone	(508) 229-7545
Name (Print/Type)	S. Matthew Caims			Date	02/01/2008

I hereby certify that this correspondence is being facsimile transmitted to the USPTO (571) 273-2885 on the date indicated below.

Dated: 02/01/2008

Signature: *Deanna M. Rivenlder* (Deanna M. Rivenlder)

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Practitioner's Docket No. 52022

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Charles R. Szmanda

Application No.: 10/795,848 Group Art Unit: 1713

Filed: March 8, 2004 Examiner: Robert D. Harlan

For: LEVELING AGENTS FOR CAST FERROELECTRIC POLYMER FILMS

Mail Stop Petition
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the documents listed below were submitted via facsimile to (571) 273-8300 to the United States Patent and Trademark Office to the attention of the Commissioner for Patents, Mail Stop Petition.

- (1) Petition for Revival of an Application for Patent Abandoned Unintentionally with a Request to Charge the Fee to Account No.: 04-1105.
- (2) Fee Transmittal;
- (3) Form PTOL-85 with Authorization to Charge Deposit Account No. 18-1850.
- (4) Change of Correspondence Address

Dated: 02/01/2008


Deanna M. Rivernider, Assistant to:
 Peter F. Corless (Reg. No. 42,378)
 Rohm and Haas Electronic Materials LLC
 Patent Department
 455 Forest Street
 Marlborough, MA 01752
 (508) 229-7364

TOTAL NUMBER OF PAGES: 10

Should there be any problem with the transmission of the following document, please contact my Assistant, Deanna Rivernider, at (508) 229-7364.

(Certification of Facsimile Transmission-page 1 of 1)